

ED OBSERVATION UNIT: ATRIAL FIBRILLATION PROTOCOL

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> Recent onset atrial fibrillation (<48 hours) Atrial fibrillation requiring rate control Post cardioversion in the ED 	<ul style="list-style-type: none"> Additional diagnosis requiring inpatient care (Ex. decompensated CHF, MI, PE, sepsis, thyrotoxicosis) Hemodynamic instability Signs of cardiac ischemia (active chest pain, ST-segment changes), or known intracardiac thrombus HR >150 or requiring IV drip therapy to control rate Requirement of warfarin for anticoagulation, CrCl < 30

INTERVENTIONS
<ul style="list-style-type: none"> Telemetry monitoring Rate control (transition to PO medications) Cardiology consultation as indicated Cardioversion (electrical or chemical) if candidate and available¹ Echocardiogram (if new onset AFIB or no previous ECHO) Anticoagulation (With regards to CHADS₂/VASC and renal function)

DISPOSITION
<div> <div> Home: <ul style="list-style-type: none"> Adequate symptom and rate control on PO medications OR conversion to normal sinus rhythm for >6 hours Adequate follow-up plan including cardiology appointment and access to rate control and anticoagulation prescriptions </div> <div> Admission: <ul style="list-style-type: none"> Deterioration in clinical status Identification of underlying etiology that needs further management Acute thromboembolic event (stroke, PE, limb ischemia) Inability to achieve symptom or rate control with PO medications in 48 hours </div> </div>

¹ Availability of cardioversion is varies based on multiple factors including electrophysiologist availability (typically Thursday & Friday), TEE, anesthesia, CCU bed availability.

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Sources

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